

City of Medford Building Safety Department

200 S. Ivy 2nd Flr Medford, OR 97501 Phone (541) 774-2350 Fax (541) 618-1707 Internet address: www.ci.medford.or.us

MECHANICAL PERMIT APPLICATION

PERMIT NUMBER:

TYPE OF WORK		FEE SCHEDULE		
TYPE OF WORK		04:		
RESIDENTIAL OR COMMERCIAL AND VALUATION \$		Description	Fee.	Total
JOB SITE INFORMATION AND LOCATION		Heating/cooling		ı
Job address:		Air handling unit/furnace/burner		
City/State/ZIP:		including duct work/vent/liner	40.00	
Subdivision:	Lot:	Air conditioner	20.00	
DESCRIPTION OF WORK		Heat pump	20.00	
		Air handling unit	25.00	
		Space heater	20.00	
		Appliance vent (separate)	10.00	
☐ PROPERTY OWNER ☐ BUSINESS NAME		Extend HVAC ducts	20.00	
Name:		Wall/floor furnace	20.00	
Owner installation: This installation is being made on property that I own,		Stationary evaporative cooler	15.00	
which is not intended for sale, lease, rent, or exchange.		Fire dampers	15.00	
•		Other fuel appliances		
Owner signature: Date:		Wood burning stove, fireplace or insert	45.00	
OWNER INSTALLATION		Zero clearance /gas logs	15.00 15.00	
Name:		Environmental exhaust and ventilation		
Address:		Range hood/other kitchen	15.00	
City/State/ZIP:		equipment		
Phone: ()	Fax: ()	Clothes dryer exhaust Single-duct	15.00	
CONTRAC		axhaust/hathroom_toilet	10.00	
Business name:		Unclassified equipment	15.00	
		Fuel piping		
Address:		Gas piping	10.00	
City/State/ZIP:		Commercial		
Phone: () Fax: ()		Enter total valuation of mechanical system		
CCB lic. no.:		and installation costs \$		
Print Name:		Enter fee based on valuation of mechanical \$		
Signature:	Date:	RE-INSPECTION FEE	60.00	
		MINIMUM PERMIT FEE	60.00	
CREDIT CARD INFORMATION		Subtotal		
Name of Cardholder as shown on credit card:		Plan review (60% of	Plan review (60% of permit fee) if applicable	
Cardholder Signature: (needed on every permit application)		State surcharge (12% of permit fee)		
		TOTAL PERMIT FEE		
	OII Evolration Date:			1

PERMITS ARE NON-TRANSFERABLE, NON-REFUNDABLE AND EXPIRED IF WORK IS NOT STARTED WITHIN 180 DAYS OF ISSUANCE OR IF WORK IS SUSPENDED FOR 180 DAYS.

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